

Postal Premium Rates for the Federal Employees Health Benefits Program

Fee-for-Service Plans (FFS)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment
APWU Health Plan						
High Self	471	178.32	190.80	154.74	36.06	1.06
High Family	472	391.34	418.74	352.08	66.66	2.44
Consumer Driven Self	474	155.79	163.58	145.18	18.40	0.87
Consumer Driven Family	475	362.79	380.93	338.08	42.85	2.04
Blue Cross and Blue Shield Service Benefit Plan						
Standard Self	104	170.30	181.79	154.74	27.05	0.07
Standard Family	105	389.97	416.29	352.08	64.21	1.36
Basic Self	111	151.98	151.98	134.88	17.10	0.00
Basic Family	112	355.98	355.98	315.93	40.05	0.00
GEHA Benefit Plan						
High Self	311	197.64	220.37	154.74	65.63	11.31
High Family	312	430.14	479.61	352.08	127.53	24.51
Standard Self	314	121.00	133.11	118.14	14.97	1.36
Standard Family	315	275.00	302.49	268.46	34.03	3.09
GEHA High Deductible Health Plan						
HDHP Self	341	New Plan	175.76	154.74	21.02	N/A
HDHP Family	342	New Plan	401.44	352.08	49.36	N/A
Mail Handlers Benefit Plan						
High Self	451	216.99	282.09	154.74	127.35	53.68
High Family	452	457.70	595.02	352.08	242.94	112.36
Standard Self	454	128.64	176.24	154.74	21.50	7.03
Standard Family	455	279.25	382.57	339.53	43.04	11.62
Mail Handlers Benefit Plan Consumer Option						
HDHP Self	481	New Plan	169.02	150.01	19.01	N/A
HDHP Family	482	New Plan	383.02	339.93	43.09	N/A
NALC						
High Self	321	173.08	189.39	154.74	34.65	4.89
High Family	322	369.87	404.73	352.08	52.65	9.90

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PBP Health Plan							
	High Self	361	304.46	304.46	154.74	149.72	-11.42
	High Family	362	656.87	656.87	352.08	304.79	-24.96
	Standard Self	364	189.30	204.44	154.74	49.70	3.72
	Standard Family	365	428.79	463.09	352.08	111.01	9.34
Association Benefit Plan							
	High Self	421	180.16	191.51	154.74	36.77	-0.07
	High Family	422	415.01	441.16	352.08	89.08	1.19
Foreign Service Benefit Plan							
	High Self	401	162.68	175.69	154.74	20.95	1.59
	High Family	402	394.00	419.62	352.08	67.54	0.66
Panama Canal Area Benefit Plan							
	High Self	431	152.21	159.83	141.85	17.98	0.86
	High Family	432	317.72	333.61	296.08	37.53	1.79
Rural Carrier Benefit Plan							
	High Self	381	199.94	208.58	154.74	53.84	-2.78
	High Family	382	406.82	424.39	352.08	72.31	-7.39
SAMBA							
	High Self	441	192.11	206.51	154.74	51.77	2.98
	High Family	442	452.42	486.36	352.08	134.28	8.98
	Standard Self	444	New Plan	166.95	148.17	18.78	N/A
	Standard Family	445	New Plan	395.68	351.17	44.51	N/A

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Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
AL	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
AK	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
AZ	Aetna						
	High Self	WQ1	115.49	140.84	125.00	15.84	2.85
	High Family	WQ2	317.23	352.07	312.46	39.61	3.92
AZ	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
AZ	Health Net of Arizona, Inc.						
	High Self	A71	141.63	151.42	134.39	17.03	1.10
	High Family	A72	358.85	383.69	340.52	43.17	2.80
AZ	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	DB1	91.27	93.28	82.79	10.49	0.22
	CDHP Family	DB2	209.91	214.50	190.37	24.13	0.52
AZ	PacifiCare of Arizona						
	High Self	A31	128.38	160.27	142.24	18.03	3.59
	High Family	A32	319.68	399.09	352.08	47.01	11.05

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Plan Name - Option - Enrollment Code						
AR	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
CA	Aetna					
	High Self 2X1	108.27	115.02	102.08	12.94	0.76
	High Family 2X2	263.99	283.39	251.51	31.88	2.18
CA	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
CA	Blue Cross- HMO					
	High Self M51	154.52	154.52	137.14	17.38	0.00
	High Family M52	381.12	396.36	351.77	44.59	-9.41
CA	Blue Shield of CA Access+					
	High Self SJ1	134.87	159.14	141.24	17.90	2.73
	High Family SJ2	334.55	394.76	350.35	44.41	6.77
CA	Health Net of California					
	High Self LB1	142.95	153.75	136.45	17.30	1.22
	High Family LB2	338.40	363.99	323.04	40.95	2.88
CA	Kaiser Foundation Health Plan, Inc.					
	High Self 591	157.97	170.39	151.22	19.17	1.40
	High Family 592	377.07	406.75	352.08	54.67	4.72
	Standard Self 594	New Plan	131.25	116.48	14.77	N/A
	Standard Family 595	New Plan	313.30	278.05	35.25	N/A
CA	Kaiser Foundation Health Plan, Inc.					
	High Self 621	148.21	155.77	138.25	17.52	0.85
	High Family 622	342.54	360.01	319.51	40.50	1.96
	Standard Self 624	New Plan	121.92	108.20	13.72	N/A
	Standard Family 625	New Plan	281.78	250.08	31.70	N/A

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Plan Name - Option - Enrollment Code							
CA	PacifiCare of California						
	High Self	CY1	119.95	140.97	125.11	15.86	2.37
	High Family	CY2	278.29	327.06	290.27	36.79	5.48
CA	UHP Healthcare						
	High Self	C41	107.67	98.69	87.59	11.10	-1.01
	High Family	C42	229.28	211.91	188.07	23.84	-1.95
CA	Universal Care						
	High Self	6Q1	110.14	129.80	115.20	14.60	2.21
	High Family	6Q2	290.74	342.67	304.12	38.55	5.84
	HDHP Self	6Q4	New Plan	108.95	96.69	12.26	N/A
	HDHP Family	6Q5	New Plan	287.62	255.26	32.36	N/A
CO	Aetna						
	High Self	9E1	New Plan	158.35	140.54	17.81	N/A
	High Family	9E2	New Plan	407.61	352.08	55.53	N/A
CO	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
CO	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	7T1	New Plan	107.98	95.83	12.15	N/A
	CDHP Family	7T2	New Plan	248.38	220.44	27.94	N/A
CO	Kaiser Permanente						
	High Self	651	143.02	160.88	142.78	18.10	2.01
	High Family	652	369.00	387.69	344.07	43.62	1.74
	Standard Self	654	New Plan	122.13	108.39	13.74	N/A
	Standard Family	655	New Plan	294.32	261.21	33.11	N/A
CO	PacifiCare of Colorado						
	High Self	D61	155.99	173.50	153.98	19.52	1.97
	High Family	D62	372.83	410.53	352.08	58.45	12.74

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CT	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
CT	ConnectiCare						
	High Self	TE1	152.36	168.29	149.36	18.93	1.79
	High Family	TE2	399.02	425.79	352.08	73.71	1.81
DE	Aetna HealthFund (CDHP/HDHP)						
	High Self	221	129.44	136.80	121.41	15.39	0.83
	High Family	222	297.73	314.65	279.25	35.40	1.91
	Standard Self	224	New Plan	153.73	136.44	17.29	N/A
	Standard Family	225	New Plan	353.59	313.81	39.78	N/A
DE	Coventry Health Care of Delaware						
	High Self	2J1	New Plan	193.32	154.74	38.58	N/A
	High Family	2J2	New Plan	488.13	352.08	136.05	N/A
	HDHP Self	2J4	New Plan	159.40	141.47	17.93	N/A
	HDHP Family	2J5	New Plan	391.87	347.78	44.09	N/A
DC	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
DC	Aetna Open Access						
	High Self	JN1	160.96	176.00	154.74	21.26	3.15
	High Family	JN2	362.51	394.23	349.88	44.35	3.57
	Basic Self	JN4	105.75	115.88	102.84	13.04	1.14
	Basic Family	JN5	247.47	271.17	240.66	30.51	2.67
DC	CareFirst BlueChoice						
	High Self	2G1	181.64	181.64	154.74	26.90	-11.42
	High Family	2G2	408.63	408.63	352.08	56.55	-24.96

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Plan Name - Option - Enrollment Code							
DC	Kaiser Permanente						
	High Self	E31	145.98	159.22	141.31	17.91	1.49
	High Family	E32	347.45	378.96	336.33	42.63	3.54
	Standard Self	E34	New Plan	128.15	113.73	14.42	N/A
	Standard Family	E35	New Plan	305.00	270.69	34.31	N/A
DC	M.D. IPA						
	High Self	JP1	146.81	161.10	142.98	18.12	1.60
	High Family	JP2	352.37	386.69	343.19	43.50	3.86
FL	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
FL	Av-Med Health Plan						
	High Self	ML1	146.82	157.08	139.41	17.67	1.15
	High Family	ML2	403.68	408.39	352.08	56.31	-20.25
	Standard Self	ML4	New Plan	125.52	111.40	14.12	N/A
	Standard Family	ML5	New Plan	326.33	289.62	36.71	N/A
FL	Capital Health Plan						
	High Self	EA1	148.52	163.02	144.68	18.34	1.63
	High Family	EA2	393.61	432.00	352.08	79.92	13.43
FL	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	MJ1	100.88	103.08	91.48	11.60	0.25
	CDHP Family	MJ2	232.01	237.09	210.42	26.67	0.57
FL	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	MQ1	105.68	107.98	95.83	12.15	0.26
	CDHP Family	MQ2	243.06	248.38	220.44	27.94	0.60
FL	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	QP1	96.08	98.18	87.13	11.05	0.24
	CDHP Family	QP2	220.97	225.80	200.40	25.40	0.54

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Plan Name - Option - Enrollment Code						
FL	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self YG1	New Plan	112.91	100.21	12.70	N/A
	CDHP Family YG2	New Plan	259.67	230.46	29.21	N/A
FL	Humana Medical Plan					
	High Self EE1	150.59	151.86	134.78	17.08	0.14
	High Family EE2	346.38	349.28	309.99	39.29	0.32
FL	JMH Health Plan					
	High Self J81	132.66	146.92	130.39	16.53	1.61
	High Family J82	328.29	363.52	322.62	40.90	3.97
FL	Total Health Choice					
	High Self 4A1	116.79	132.64	117.72	14.92	1.78
	High Family 4A2	291.00	330.48	293.30	37.18	4.44
FL	Vista Healthplan					
	High Self 3N1	162.29	179.64	154.74	24.90	5.93
	High Family 3N2	446.18	493.88	352.08	141.80	22.74
FL	Vista Healthplan					
	High Self UL1	126.45	157.61	139.88	17.73	3.50
	High Family UL2	337.63	420.83	352.08	68.75	30.77
FL	Vista Healthplan					
	High Self Y91	119.15	132.19	117.32	14.87	1.47
	High Family Y92	318.16	353.00	313.29	39.71	3.92
FL	Vista Healthplan of South Florida					
	High Self 5E1	112.51	134.08	119.00	15.08	2.42
	High Family 5E2	309.41	368.73	327.25	41.48	6.67
GA	Aetna					
	High Self 2U1	133.61	152.77	135.58	17.19	2.16
	High Family 2U2	322.31	368.52	327.06	41.46	5.20
GA	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A

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Plan Name - Option - Enrollment Code						
GA	Coventry Health Care of Georgia (HDHP)					
	HDHP Self L51	New Plan	112.58	99.91	12.67	N/A
	HDHP Family L52	New Plan	258.95	229.82	29.13	N/A
GA	Kaiser Permanente					
	High Self F81	128.53	140.97	125.11	15.86	1.40
	High Family F82	326.31	357.90	317.64	40.26	3.55
	Standard Self F84	New Plan	106.11	94.17	11.94	N/A
	Standard Family F85	New Plan	269.39	239.08	30.31	N/A
GU	PacifiCare Asia Pacific					
	High Self JK1	144.58	193.16	154.74	38.42	22.15
	High Family JK2	379.92	461.88	352.08	109.80	57.00
	Standard Self JK4	113.98	136.85	121.45	15.40	2.58
	Standard Family JK5	301.00	361.38	320.72	40.66	6.80
HI	HMSA					
	High Self 871	134.93	147.75	131.13	16.62	1.44
	High Family 872	300.35	328.89	291.89	37.00	3.21
HI	Kaiser Permanente					
	High Self 631	161.12	170.76	151.55	19.21	1.08
	High Family 632	346.40	367.13	325.83	41.30	2.33
	Standard Self 634	129.55	132.57	117.66	14.91	0.34
	Standard Family 635	278.53	285.03	252.96	32.07	0.74
ID	Group Health Cooperative					
	High Self VR1	159.23	173.91	154.35	19.56	1.65
	High Family VR2	388.22	424.02	352.08	71.94	10.84
	Standard Self VR4	137.99	147.12	130.57	16.55	1.03
	Standard Family VR5	317.38	338.36	300.29	38.07	2.36
IL	Aetna					
	High Self IK1	New Plan	152.11	135.00	17.11	N/A
	High Family IK2	New Plan	375.42	333.19	42.23	N/A

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IL	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
IL	BlueCHOICE					
	High Self 9G1	153.68	177.50	154.74	22.76	5.47
	High Family 9G2	332.73	384.30	341.07	43.23	5.80
IL	Group Health Plan					
	High Self MM1	197.52	205.81	154.74	51.07	-3.13
	High Family MM2	426.63	444.53	352.08	92.45	-7.06
	HDHP Self MM4	New Plan	170.30	151.14	19.16	N/A
	HDHP Family MM5	New Plan	364.62	323.60	41.02	N/A
IL	Health Alliance HMO					
	High Self FX1	169.40	181.36	154.74	26.62	0.54
	High Family FX2	395.37	423.25	352.08	71.17	2.92
IL	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self MW1	76.86	78.54	69.70	8.84	0.19
	CDHP Family MW2	176.77	180.64	160.32	20.32	0.43
IL	Humana Health Plan Inc.					
	High Self 751	155.99	171.78	152.45	19.33	1.78
	High Family 752	358.77	395.11	350.66	44.45	4.09
	Standard Self 754	119.60	121.84	108.13	13.71	0.26
	Standard Family 755	275.06	280.22	248.70	31.52	0.58
IL	John Deere Health Plan					
	High Self YH1	142.23	151.51	134.47	17.04	1.04
	High Family YH2	348.46	371.19	329.43	41.76	2.56
IL	Mercy Health Plans/Premier Health Plans					
	High Self 7M1	193.54	216.77	154.74	62.03	11.81
	High Family 7M2	418.06	468.23	352.08	116.15	25.21

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IL	OSF HealthPlans						
	High Self	9F1	130.78	164.47	145.97	18.50	3.79
	High Family	9F2	343.94	432.52	352.08	80.44	41.75
	HDHP Self	9F4	New Plan	148.24	131.56	16.68	N/A
	HDHP Family	9F5	New Plan	368.61	327.14	41.47	N/A
IL	PersonalCare's HMO						
	High Self	GE1	137.72	132.38	117.49	14.89	-0.60
	High Family	GE2	354.10	340.23	301.95	38.28	-1.56
IL	Unicare HMO						
	High Self	171	146.30	167.51	148.67	18.84	2.38
	High Family	172	398.16	430.02	352.08	77.94	6.90
IL	Union Health Service						
	High Self	761	123.70	131.19	116.43	14.76	0.84
	High Family	762	306.74	325.36	288.76	36.60	2.09
IN	Advantage Health Solutions, Inc.						
	High Self	6Y1	169.02	183.68	154.74	28.94	3.24
	High Family	6Y2	396.85	431.28	352.08	79.20	9.47
	HDHP Self	6Y4	New Plan	174.45	154.74	19.71	N/A
	HDHP Family	6Y5	New Plan	396.49	351.88	44.61	N/A
IN	Aetna						
	High Self	IK1	New Plan	152.11	135.00	17.11	N/A
	High Family	IK2	New Plan	375.42	333.19	42.23	N/A
IN	Aetna						
	High Self	RD1	151.00	162.03	143.80	18.23	1.24
	High Family	RD2	371.08	393.74	349.44	44.30	0.34
IN	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
				USPS Pays	Employee Pays	Change in employee payment
Plan Name - Option - Enrollment Code						
IN	Arnett HMO					
	High Self G21	127.96	144.38	128.14	16.24	1.84
	High Family G22	332.72	375.40	333.17	42.23	4.80
IN	Health Alliance HMO					
	High Self FX1	169.40	181.36	154.74	26.62	0.54
	High Family FX2	395.37	423.25	352.08	71.17	2.92
IN	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self BM1	115.28	117.81	104.56	13.25	0.28
	CDHP Family BM2	265.16	270.96	240.48	30.48	0.65
IN	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self L81	96.08	98.18	87.13	11.05	0.24
	CDHP Family L82	220.97	225.80	200.40	25.40	0.54
IN	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self MW1	76.86	78.54	69.70	8.84	0.19
	CDHP Family MW2	176.77	180.64	160.32	20.32	0.43
IN	Humana Health Plan					
	High Self D21	178.07	198.88	154.74	44.14	9.39
	High Family D22	409.53	457.42	352.08	105.34	22.93
IN	Humana Health Plan Inc.					
	High Self 751	155.99	171.78	152.45	19.33	1.78
	High Family 752	358.77	395.11	350.66	44.45	4.09
	Standard Self 754	119.60	121.84	108.13	13.71	0.26
	Standard Family 755	275.06	280.22	248.70	31.52	0.58
IN	Physicians Health Plan of Northern Indiana					
	High Self DQ1	154.74	216.09	154.74	61.35	43.94
	High Family DQ2	347.45	485.23	352.08	133.15	94.06
IN	Unicare HMO					
	High Self 171	146.30	167.51	148.67	18.84	2.38
	High Family 172	398.16	430.02	352.08	77.94	6.90

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment
IA	Avera Health Plans					
	High Self AV1	144.77	194.74	154.74	40.00	23.71
	High Family AV2	338.08	454.78	352.08	102.70	64.67
IA	Coventry Health Care of Iowa					
	High Self SV1	134.14	151.36	134.33	17.03	1.94
	High Family SV2	362.26	408.77	352.08	56.69	15.94
	HDHP Self SV4	New Plan	121.75	108.05	13.70	N/A
	HDHP Family SV5	New Plan	314.65	279.25	35.40	N/A
IA	Health Alliance HMO					
	High Self FX1	169.40	181.36	154.74	26.62	0.54
	High Family FX2	395.37	423.25	352.08	71.17	2.92
IA	John Deere Health Plan					
	High Self YH1	142.23	151.51	134.47	17.04	1.04
	High Family YH2	348.46	371.19	329.43	41.76	2.56
IA	Sioux Valley Health Plan					
	High Self AU1	213.66	222.21	154.74	67.47	-2.87
	High Family AU2	491.25	511.33	352.08	159.25	-4.88
	Standard Self AU4	181.32	199.46	154.74	44.72	6.72
	Standard Family AU5	416.83	458.52	352.08	106.44	16.73
KS	Aetna					
	High Self KS1	New Plan	144.33	128.09	16.24	N/A
	High Family KS2	New Plan	370.81	329.09	41.72	N/A
KS	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
KS	Coventry Health Care of KS-Wichita/Salinas (HDHP)					
	HDHP Self 7G1	New Plan	121.04	107.42	13.62	N/A
	HDHP Family 7G2	New Plan	298.91	265.28	33.63	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
KS	Coventry Health Care of Kansas-Wichita/Salinas						
	High Self	7W1	New Plan	157.04	139.37	17.67	N/A
	High Family	7W2	New Plan	400.45	352.08	48.37	N/A
	Standard Self	7W4	New Plan	148.70	131.97	16.73	N/A
	Standard Family	7W5	New Plan	379.17	336.51	42.66	N/A
KS	Coventry Health Care of KS-Kansas City (HDHP)						
	HDHP Self	9H1	New Plan	128.89	114.39	14.50	N/A
	HDHP Family	9H2	New Plan	332.53	295.12	37.41	N/A
KS	Coventry Health Care of Kansas-Kansas City						
	High Self	HA1	132.36	148.84	132.10	16.74	1.85
	High Family	HA2	341.54	384.11	340.90	43.21	4.79
	Standard Self	HA4	New Plan	140.97	125.11	15.86	N/A
	Standard Family	HA5	New Plan	363.79	322.86	40.93	N/A
KS	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	PH1	76.86	78.54	69.70	8.84	0.19
	CDHP Family	PH2	176.77	180.64	160.32	20.32	0.43
KS	Humana Health Plan, Inc.						
	High Self	MS1	170.71	192.85	154.74	38.11	10.72
	High Family	MS2	392.64	443.55	352.08	91.47	25.95
	Standard Self	MS4	122.89	127.14	112.84	14.30	0.47
	Standard Family	MS5	282.64	292.44	259.54	32.90	1.10
KS	Preferred Plus of Kansas						
	High Self	VA1	212.27	219.52	154.74	64.78	-4.17
	High Family	VA2	564.64	583.94	352.08	231.86	-5.66
KY	Aetna						
	High Self	RD1	151.00	162.03	143.80	18.23	1.24
	High Family	RD2	371.08	393.74	349.44	44.30	0.34
KY	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
				USPS Pays	Employee Pays	Change in employee payment
Plan Name - Option - Enrollment Code						
KY	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self 6N1	New Plan	122.71	108.91	13.80	N/A
	CDHP Family 6N2	New Plan	282.26	250.51	31.75	N/A
KY	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self BM1	115.28	117.81	104.56	13.25	0.28
	CDHP Family BM2	265.16	270.96	240.48	30.48	0.65
KY	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self L81	96.08	98.18	87.13	11.05	0.24
	CDHP Family L82	220.97	225.80	200.40	25.40	0.54
KY	Humana Health Plan					
	High Self D21	178.07	198.88	154.74	44.14	9.39
	High Family D22	409.53	457.42	352.08	105.34	22.93
KY	United Healthcare of Ohio, Inc.					
	High Self 3U1	197.49	251.27	154.74	96.53	42.36
	High Family 3U2	454.23	554.90	352.08	202.82	75.71
	Standard Self 3U4	New Plan	202.19	154.74	47.45	N/A
	Standard Family 3U5	New Plan	440.78	352.08	88.70	N/A
LA	Coventry Healthcare Louisiana					
	High Self BJ1	122.31	155.12	137.67	17.45	3.69
	High Family BJ2	284.08	360.26	319.73	40.53	8.57
	HDHP Self BJ4	New Plan	123.19	109.33	13.86	N/A
	HDHP Family BJ5	New Plan	286.11	253.92	32.19	N/A
LA	Coventry Healthcare Louisiana					
	High Self JA1	170.49	162.59	144.30	18.29	-8.88
	High Family JA2	395.95	377.62	335.14	42.48	-26.35
	HDHP Self JA4	New Plan	130.53	115.85	14.68	14.68
	HDHP Family JA5	New Plan	303.17	269.06	34.11	34.11
LA	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self 9J1	New Plan	93.28	82.79	10.49	N/A
	CDHP Family 9J2	New Plan	214.50	190.37	24.13	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
				USPS Pays	Employee Pays	Change in employee payment
Plan Name - Option - Enrollment Code						
LA	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self 9L1	New Plan	112.91	100.21	12.70	N/A
	CDHP Family 9L2	New Plan	259.67	230.46	29.21	N/A
LA	Humana CoverageFirst (Consumer Driven Plan)					
	CDHP Self 9S1	New Plan	127.63	113.27	14.36	N/A
	CDHP Family 9S2	New Plan	293.54	260.52	33.02	N/A
LA	Vantage Health Plan					
	High Self MV1	178.03	187.55	154.74	32.81	-1.90
	High Family MV2	462.87	431.38	352.08	79.30	-56.45
MD	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
MD	Aetna Open Access					
	High Self JN1	160.96	176.00	154.74	21.26	3.15
	High Family JN2	362.51	394.23	349.88	44.35	3.57
	Basic Self JN4	105.75	115.88	102.84	13.04	1.14
	Basic Family JN5	247.47	271.17	240.66	30.51	2.67
MD	CareFirst BlueChoice					
	High Self 2G1	181.64	181.64	154.74	26.90	-11.42
	High Family 2G2	408.63	408.63	352.08	56.55	-24.96
MD	Coventry Health Care of Delaware					
	High Self IG1	New Plan	192.75	154.74	38.01	N/A
	High Family IG2	New Plan	486.68	352.08	134.60	N/A
	HDHP Self IG4	New Plan	153.46	136.20	17.26	N/A
	HDHP Family IG5	New Plan	376.90	334.50	42.40	N/A
MD	Kaiser Permanente					
	High Self E31	145.98	159.22	141.31	17.91	1.49
	High Family E32	347.45	378.96	336.33	42.63	3.54
	Standard Self E34	New Plan	128.15	113.73	14.42	N/A
	Standard Family E35	New Plan	305.00	270.69	34.31	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment
MD	M.D. IPA					
	High Self JP1	146.81	161.10	142.98	18.12	1.60
	High Family JP2	352.37	386.69	343.19	43.50	3.86
MA	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
MA	BlueChip, Coordinated Health Partners, Inc.					
	High Self DA1	182.84	188.40	154.74	33.66	-5.86
	High Family DA2	468.17	499.23	352.08	147.15	6.10
MA	ConnectiCare					
	High Self TE1	152.36	168.29	149.36	18.93	1.79
	High Family TE2	399.02	425.79	352.08	73.71	1.81
MA	Fallon Community Health Plan					
	High Self JV1	178.66	188.05	154.74	33.31	-2.03
	High Family JV2	434.23	457.06	352.08	104.98	-2.13
	Standard Self JV4	New Plan	162.24	143.99	18.25	N/A
	Standard Family JV5	New Plan	394.31	349.95	44.36	N/A
MI	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
MI	Bluecare Network of MI					
	High Self K51	158.49	155.56	138.06	17.50	-0.33
	High Family K52	443.59	435.35	352.08	83.27	-33.20
MI	Bluecare Network of MI					
	High Self KR1	192.86	208.88	154.74	54.14	4.60
	High Family KR2	557.12	603.62	352.08	251.54	21.54

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
				USPS Pays	Employee Pays	Change in employee payment
Plan Name - Option - Enrollment Code						
MI	Bluecare Network of MI					
	High Self LN1	209.53	212.46	154.74	57.72	-8.49
	High Family LN2	504.56	511.63	352.08	159.55	-17.89
MI	Bluecare Network of MI					
	High Self LX1	119.55	130.94	116.21	14.73	1.28
	High Family LX2	357.60	391.83	347.75	44.08	3.85
MI	Grand Valley Health Plan					
	High Self RL1	149.80	166.77	148.01	18.76	1.91
	High Family RL2	420.54	469.05	352.08	116.97	23.55
MI	Health Alliance Plan					
	High Self 521	134.48	140.85	125.00	15.85	0.72
	High Family 522	356.34	373.24	331.25	41.99	1.90
MI	HealthPlus MI					
	High Self X51	176.89	201.60	154.74	46.86	13.29
	High Family X52	403.96	460.39	352.08	108.31	31.47
MI	M-Care					
	High Self EG1	126.66	134.33	119.22	15.11	0.86
	High Family EG2	335.61	355.97	315.92	40.05	2.29
MI	Total Health Care					
	High Self N21	115.69	123.92	109.98	13.94	0.92
	High Family N22	284.21	304.40	270.16	34.24	2.27
MN	Avera Health Plans					
	High Self AV1	144.77	194.74	154.74	40.00	23.71
	High Family AV2	338.08	454.78	352.08	102.70	64.67
MN	HealthPartners Classic					
	High Self 531	193.43	232.12	154.74	77.38	27.27
	High Family 532	464.22	557.07	352.08	204.99	67.89
MN	HealthPartners Open Access Deductible					
	Standard Self 534	163.96	180.36	154.74	25.62	4.98
	Standard Family 535	393.48	432.85	352.08	80.77	14.41

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
				USPS Pays	Employee Pays	Change in employee payment
Plan Name - Option - Enrollment Code						
MN	HealthPartners Primary Clinic Plan					
	High Self HQ1	239.89	288.03	154.74	133.29	36.72
	High Family HQ2	575.72	691.27	352.08	339.19	90.59
MS	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
MO	Aetna					
	High Self KS1	New Plan	144.33	128.09	16.24	N/A
	High Family KS2	New Plan	370.81	329.09	41.72	N/A
MO	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
MO	BlueCHOICE					
	High Self 9G1	153.68	177.50	154.74	22.76	5.47
	High Family 9G2	332.73	384.30	341.07	43.23	5.80
MO	Community Health Plan					
	High Self IC1	New Plan	138.65	123.05	15.60	N/A
	High Family IC2	New Plan	381.71	338.77	42.94	N/A
MO	Coventry Health Care of KS-Kansas City (HDHP)					
	HDHP Self 9H1	New Plan	128.89	114.39	14.50	N/A
	HDHP Family 9H2	New Plan	332.53	295.12	37.41	N/A
MO	Coventry Health Care of Kansas-Kansas City					
	High Self HA1	132.36	148.84	132.10	16.74	1.85
	High Family HA2	341.54	384.11	340.90	43.21	4.79
	Standard Self HA4	New Plan	140.97	125.11	15.86	N/A
	Standard Family HA5	New Plan	363.79	322.86	40.93	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
				USPS Pays	Employee Pays	Change in employee payment	
Plan Name - Option - Enrollment Code							
MO	Group Health Plan						
	High Self	MM1	197.52	205.81	154.74	51.07	-3.13
	High Family	MM2	426.63	444.53	352.08	92.45	-7.06
	HDHP Self	MM4	New Plan	170.30	151.14	19.16	N/A
	HDHP Family	MM5	New Plan	364.62	323.60	41.02	N/A
MO	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	PH1	76.86	78.54	69.70	8.84	0.19
	CDHP Family	PH2	176.77	180.64	160.32	20.32	0.43
MO	Humana Health Plan, Inc.						
	High Self	MS1	170.71	192.85	154.74	38.11	10.72
	High Family	MS2	392.64	443.55	352.08	91.47	25.95
	Standard Self	MS4	122.89	127.14	112.84	14.30	0.47
	Standard Family	MS5	282.64	292.44	259.54	32.90	1.10
MO	Mercy Health Plans/Premier Health Plans						
	High Self	7M1	193.54	216.77	154.74	62.03	11.81
	High Family	7M2	418.06	468.23	352.08	116.15	25.21
MT	New West Health Services						
	High Self	NV1	153.25	168.68	149.70	18.98	1.74
	High Family	NV2	340.98	360.30	319.77	40.53	2.17
NE	Coventry Health Care of Nebraska						
	High Self	IE1	New Plan	168.95	149.94	19.01	N/A
	High Family	IE2	New Plan	425.18	352.08	73.10	N/A
NV	Aetna						
	High Self	Y11	134.50	154.67	137.27	17.40	2.27
	High Family	Y12	334.89	385.13	341.80	43.33	5.65
NV	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
NV	Health Plan of Nevada						
	High Self	2L1	New Plan	157.62	139.89	17.73	N/A
	High Family	2L2	New Plan	403.53	352.08	51.45	N/A
NV	Health Plan of Nevada						
	High Self	NM1	91.96	92.61	82.19	10.42	0.07
	High Family	NM2	235.45	237.12	210.44	26.68	0.19
NV	NEVADACARE						
	High Self	IF1	New Plan	165.46	146.85	18.61	N/A
	High Family	IF2	New Plan	402.74	352.08	50.66	N/A
NV	PACIFICARE OF NEVADA						
	High Self	K91	125.10	139.07	123.42	15.65	1.58
	High Family	K92	283.97	315.69	280.17	35.52	3.57
NH	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
NJ	Aetna						
	High Self	P31	158.90	185.14	154.74	30.40	12.52
	High Family	P32	383.43	446.74	352.08	94.66	38.35
NJ	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
NJ	AmeriHealth HMO						
	High Self	FK1	151.24	164.81	146.27	18.54	1.53
	High Family	FK2	361.10	393.35	349.10	44.25	3.63

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates		
				USPS Pays	Employee Pays	Change in employee payment
Plan Name - Option - Enrollment Code						
NJ	Coventry Health Care of Delaware (HDHP)					
	High Self 2J1	New Plan	193.32	154.74	38.58	N/A
	High Family 2J2	New Plan	488.13	352.08	136.05	N/A
	HDHP Self 2J4	New Plan	159.40	141.47	17.93	N/A
	HDHP Family 2J5	New Plan	391.87	347.78	44.09	N/A
NJ	GHI Health Plan					
	High Self 801	185.17	200.91	154.74	46.17	4.32
	High Family 802	462.92	502.28	352.08	150.20	14.40
NM	Lovelace Health Plan					
	High Self Q11	153.91	153.91	136.60	17.31	0.00
	High Family Q12	377.69	377.69	335.20	42.49	-8.08
NM	Presbyterian Health Plan					
	High Self P21	144.35	166.62	147.88	18.74	2.50
	High Family P22	376.45	434.50	352.08	82.42	33.09
NY	Aetna					
	High Self JC1	161.50	177.65	154.74	22.91	4.73
	High Family JC2	397.55	437.30	352.08	85.22	14.79
NY	Aetna HealthFund (CDHP/HDHP)					
	CDHP Self 221	129.44	136.80	121.41	15.39	0.83
	CDHP Family 222	297.73	314.65	279.25	35.40	1.91
	HDHP Self 224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family 225	New Plan	353.59	313.81	39.78	N/A
NY	Blue Choice					
	High Self MK1	120.09	130.07	115.44	14.63	1.12
	High Family MK2	301.02	325.87	289.21	36.66	2.80
NY	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN					
	High Self SG1	147.61	155.33	137.86	17.47	0.86
	High Family SG2	378.03	391.44	347.40	44.04	-6.87

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
				USPS Pays	Employee Pays	Change in employee payment	
Plan Name - Option - Enrollment Code							
NY	GHI Health Plan						
	High Self	801	185.17	200.91	154.74	46.17	4.32
	High Family	802	462.92	502.28	352.08	150.20	14.40
	Standard Self	804	158.87	170.15	151.01	19.14	1.27
	Standard Family	805	397.20	397.20	352.08	45.12	-24.96
NY	GHI HMO Select						
	High Self	6V1	176.30	183.75	154.74	29.01	-3.97
	High Family	6V2	438.01	467.78	352.08	115.70	4.81
	Standard Self	6V4	New Plan	157.70	139.96	17.74	N/A
	Standard Family	6V5	New Plan	401.46	352.08	49.38	N/A
NY	GHI HMO Select						
	High Self	X41	164.94	169.75	150.65	19.10	-2.52
	High Family	X42	423.59	437.49	352.08	85.41	-11.06
	Standard Self	X44	New Plan	154.35	136.99	17.36	N/A
	Standard Family	X45	New Plan	390.30	346.39	43.91	N/A
NY	HIP of Greater New York						
	High Self	511	146.09	159.41	141.48	17.93	1.49
	High Family	512	409.03	446.35	352.08	94.27	12.36
	Standard Self	514	116.96	131.51	116.72	14.79	1.63
	Standard Family	515	327.48	368.23	326.80	41.43	4.59
NY	HMO Blue						
	High Self	AH1	211.03	173.97	154.40	19.57	-48.14
	High Family	AH2	538.88	442.45	352.08	90.37	-121.39
NY	HMOBlue-CNY						
	High Self	EB1	183.47	172.49	153.08	19.41	-20.74
	High Family	EB2	424.46	441.23	352.08	89.15	-8.19
NY	Independent Health Assoc						
	High Self	QA1	105.08	129.64	115.06	14.58	2.76
	High Family	QA2	294.17	355.56	315.56	40.00	6.91
NY	MVP Health Care						
	High Self	GA1	123.70	148.03	131.38	16.65	2.73
	High Family	GA2	319.47	382.28	339.27	43.01	7.07

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
NY	MVP Health Care						
	High Self	M91	140.28	161.06	142.94	18.12	2.34
	High Family	M92	362.22	415.92	352.08	63.84	23.09
NY	MVP Health Care						
	High Self	MX1	144.06	166.04	147.36	18.68	2.47
	High Family	MX2	372.09	428.80	352.08	76.72	31.75
NY	Preferred Care						
	High Self	GV1	119.56	127.06	112.77	14.29	0.84
	High Family	GV2	319.21	339.21	301.05	38.16	2.25
NY	Univera Healthcare						
	High Self	KQ1	144.68	146.79	130.28	16.51	0.23
	High Family	KQ2	383.27	388.88	345.13	43.75	-12.40
NY	Univera Healthcare						
	High Self	Q81	114.15	117.88	104.62	13.26	0.42
	High Family	Q82	323.66	334.24	296.64	37.60	1.19
NY	Vytra Health Plans						
	High Self	J61	175.53	190.63	154.74	35.89	3.68
	High Family	J62	460.32	500.08	352.08	148.00	14.80
NC	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
ND	Heart of America Health Plan						
	High Self	RU1	118.42	125.18	111.10	14.08	0.76
	High Family	RU2	304.34	321.73	285.54	36.19	1.95
OH	Aetna						
	High Self	7D1	141.10	148.35	131.66	16.69	0.82
	High Family	7D2	339.83	353.07	313.35	39.72	1.49
OH	Aetna						
	High Self	ND1	New Plan	164.58	146.06	18.52	N/A
	High Family	ND2	New Plan	430.12	352.08	78.04	N/A

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
OH	Aetna						
	High Self	RD1	151.00	162.03	143.80	18.23	1.24
	High Family	RD2	371.08	393.74	349.44	44.30	0.34
OH	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
OH	AultCare HMO						
	High Self	3A1	145.88	161.47	143.30	18.17	1.76
	High Family	3A2	358.16	396.39	351.80	44.59	4.30
	HDHP Self	3A4	New Plan	168.53	149.57	18.96	N/A
	HDHP Family	3A5	New Plan	337.69	299.70	37.99	N/A
OH	Blue HMO						
	High Self	R51	173.71	194.55	154.74	39.81	9.42
	High Family	R52	431.43	453.00	352.08	100.92	-3.39
OH	HMO Health Ohio						
	High Self	L41	151.14	165.90	147.24	18.66	1.66
	High Family	L42	386.65	424.39	352.08	72.31	12.78
OH	Hometown Health Plan						
	High Self	MZ1	129.67	135.28	120.06	15.22	0.63
	High Family	MZ2	324.19	338.22	300.17	38.05	1.58
OH	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	L81	96.08	98.18	87.13	11.05	0.24
	CDHP Family	L82	220.97	225.80	200.40	25.40	0.54
OH	Kaiser Permanente						
	High Self	641	151.78	171.87	152.53	19.34	2.26
	High Family	642	372.47	421.77	352.08	69.69	24.34
OH	Paramount Health Care						
	High Self	U21	154.56	166.24	147.54	18.70	1.31
	High Family	U22	409.23	440.16	352.08	88.08	5.97

Postal Premium Rates for the Federal Employees Health Benefits Program							
Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
OH	SummaCare Health Plan						
	High Self	5W1	145.43	182.53	154.74	27.79	11.43
	High Family	5W2	399.92	419.84	352.08	67.76	-5.04
OH	SuperMed HMO						
	High Self	5M1	168.06	224.03	154.74	69.29	44.55
	High Family	5M2	429.89	573.06	352.08	220.98	118.21
OH	The Health Plan of the Upper Ohio Valley						
	High Self	U41	154.45	145.32	128.97	16.35	-1.03
	High Family	U42	355.20	334.22	296.62	37.60	-2.36
OH	United Healthcare of Ohio, Inc.						
	High Self	3U1	197.49	251.27	154.74	96.53	42.36
	High Family	3U2	454.23	554.90	352.08	202.82	75.71
	Standard Self	3U4	New Plan	202.19	154.74	47.45	N/A
	Standard Family	3U5	New Plan	440.78	352.08	88.70	N/A
OK	Aetna						
	High Self	SL1	157.06	171.40	152.12	19.28	1.61
	High Family	SL2	383.08	397.68	352.08	45.60	-10.36
OK	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
OK	Globalhealth, Inc.						
	High Self	IM1	New Plan	150.01	133.13	16.88	N/A
	High Family	IM2	New Plan	361.55	320.88	40.67	N/A
OK	PacifiCare Southwest Region (OK & TX)						
	High Self	2N1	162.14	170.39	151.22	19.17	0.35
	High Family	2N2	390.79	407.54	352.08	55.46	-8.21

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
OR	Kaiser Permanente						
	High Self	571	170.62	172.99	153.53	19.46	-7.84
	High Family	572	391.57	394.77	350.36	44.41	-20.04
	Standard Self	574	149.67	158.89	141.01	17.88	1.04
	Standard Family	575	343.49	362.58	321.79	40.79	2.15
OR	PacifiCare Northwest Region (Oregon/Washington)						
	High Self	7Z1	167.15	186.09	154.74	31.35	7.52
	High Family	7Z2	376.10	416.41	352.08	64.33	15.35
PA	Aetna						
	High Self	P31	158.90	185.14	154.74	30.40	12.52
	High Family	P32	383.43	446.74	352.08	94.66	38.35
PA	Aetna						
	High Self	YE1	123.99	134.23	119.13	15.10	1.15
	High Family	YE2	341.92	370.14	328.50	41.64	3.17
PA	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
PA	Coventry Health Care of Delaware						
	High Self	2J1	New Plan	193.32	154.74	38.58	N/A
	High Family	2J2	New Plan	488.13	352.08	136.05	N/A
	HDHP Self	2J4	New Plan	159.40	141.47	17.93	N/A
	HDHP Family	2J5	New Plan	391.87	347.78	44.09	N/A
PA	HealthAmerica Pennsylvania						
	High Self	261	164.23	170.32	151.16	19.16	-1.75
	High Family	262	418.79	434.34	352.08	82.26	-9.41
	Standard Self	264	147.93	158.98	141.09	17.89	1.25
	Standard Family	265	377.22	405.41	352.08	53.33	3.23
PA	HealthAmerica Pennsylvania						
	High Self	4N1	179.14	238.06	154.74	83.32	47.50
	High Family	4N2	444.26	547.54	352.08	195.46	78.32

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Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
	Standard Self	4N4	161.50	211.05	154.74	56.31	38.13
	Standard Family	4N5	400.52	485.42	352.08	133.34	59.94
PA	HealthAmerica Pennsylvania - HDHP						
	HDHP Self	9N1	New Plan	183.76	154.74	29.02	N/A
	HDHP Family	9N2	New Plan	414.45	352.08	62.37	N/A
PA	HealthAmerica Pennsylvania						
	High Self	PN1	New Plan	233.60	154.74	78.86	N/A
	High Family	PN2	New Plan	536.37	352.08	184.29	N/A
	Standard Self	PN4	New Plan	209.40	154.74	54.66	N/A
	Standard Family	PN5	New Plan	480.70	352.08	128.62	N/A
PA	HealthAmerica Pennsylvania						
	High Self	SW1	177.20	202.73	154.74	47.99	14.11
	High Family	SW2	429.17	466.28	352.08	114.20	12.15
	Standard Self	SW4	159.17	186.46	154.74	31.72	13.81
	Standard Family	SW5	385.51	428.86	352.08	76.78	18.39
PA	HealthAmerica Pennsylvania - HDHP						
	HDHP Self	Y61	New Plan	151.89	134.80	17.09	N/A
	HDHP Family	Y62	New Plan	373.42	331.41	42.01	N/A
PA	HealthAmerica Pennsylvania - HDHP						
	HDHP Self	YN1	New Plan	190.76	154.74	36.02	N/A
	HDHP Family	YN2	New Plan	431.16	352.08	79.08	N/A
PA	HealthAmerica Pennsylvania - HDHP						
	HDHP Self	YW1	New Plan	171.59	152.29	19.30	N/A
	HDHP Family	YW2	New Plan	387.10	343.55	43.55	N/A
PA	Keystone Health Plan Central						
	High Self	S41	174.21	208.21	154.74	53.47	22.58
	High Family	S42	418.17	496.79	352.08	144.71	53.66
PA	Keystone Health Plan East						
	High Self	ED1	160.74	164.60	146.08	18.52	0.44
	High Family	ED2	423.86	434.06	352.08	81.98	-14.76

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Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
PA	UPMC Health Plan						
	High Self	8W1	156.11	170.97	151.74	19.23	1.67
	High Family	8W2	398.21	436.07	352.08	83.99	12.90
PR	Humana Health Plans of Puerto Rico						
	High Self	ZJ1	83.50	93.52	83.00	10.52	1.13
	High Family	ZJ2	192.06	215.10	190.90	24.20	2.59
PR	Triple-S						
	High Self	891	112.92	118.57	105.23	13.34	0.64
	High Family	892	242.55	254.68	226.03	28.65	1.36
RI	BlueChip, Coordinated Health Partners, Inc.						
	High Self	DA1	182.84	188.40	154.74	33.66	-5.86
	High Family	DA2	468.17	499.23	352.08	147.15	6.10
SC	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
SC	Carolina Care						
	High Self	IB1	New Plan	173.99	154.42	19.57	N/A
	High Family	IB2	New Plan	391.35	347.32	44.03	N/A
SD	Avera Health Plans						
	High Self	AV1	144.77	194.74	154.74	40.00	23.71
	High Family	AV2	338.08	454.78	352.08	102.70	64.67
SD	Sioux Valley Health Plan						
	High Self	AU1	213.66	222.21	154.74	67.47	-2.87
	High Family	AU2	491.25	511.33	352.08	159.25	-4.88
	Standard Self	AU4	181.32	199.46	154.74	44.72	6.72
	Standard Family	AU5	416.83	458.52	352.08	106.44	16.73
TN	Aetna						
	High Self	6J1	138.44	177.96	154.74	23.22	7.65
	High Family	6J2	333.84	405.78	352.08	53.70	16.14

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Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
TN	Aetna						
	High Self	UB1	132.57	148.69	131.96	16.73	1.82
	High Family	UB2	354.70	379.16	336.50	42.66	2.76
TN	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
TN	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	L61	96.08	98.18	87.13	11.05	0.24
	CDHP Family	L62	220.97	225.80	200.40	25.40	0.54
TX	Aetna						
	High Self	8G1	New Plan	171.57	152.27	19.30	N/A
	High Family	8G2	New Plan	428.34	352.08	76.26	N/A
TX	Aetna						
	High Self	P11	127.80	154.64	137.24	17.40	3.02
	High Family	P12	321.96	389.57	345.74	43.83	7.61
TX	Aetna						
	High Self	PU1	153.58	178.16	154.74	23.42	6.14
	High Family	PU2	383.42	437.09	352.08	85.01	28.71
TX	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
TX	FIRSTCARE						
	High Self	6U1	149.84	160.02	142.02	18.00	1.14
	High Family	6U2	321.89	343.77	305.10	38.67	2.46
TX	FIRSTCARE						
	High Self	CK1	189.09	212.34	154.74	57.60	11.83
	High Family	CK2	406.17	456.11	352.08	104.03	24.98

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Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
				USPS Pays	Employee Pays	Change in employee payment	
Plan Name - Option - Enrollment Code							
TX	HMO Blue Texas						
	High Self	YM1	154.79	183.46	154.74	28.72	11.31
	High Family	YM2	378.93	449.08	352.08	97.00	45.19
TX	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	T21	115.28	117.81	104.56	13.25	0.28
	CDHP Family	T22	265.16	270.96	240.48	30.48	0.65
TX	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	T81	110.49	112.91	100.21	12.70	0.27
	CDHP Family	T82	254.11	259.67	230.46	29.21	0.62
TX	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	TP1	100.88	103.08	91.48	11.60	0.25
	CDHP Family	TP2	232.01	237.09	210.42	26.67	0.57
TX	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	TU1	96.08	98.18	87.13	11.05	0.24
	CDHP Family	TU2	220.97	225.80	200.40	25.40	0.54
TX	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	TV1	105.68	107.98	95.83	12.15	0.26
	CDHP Family	TV2	243.06	248.38	220.44	27.94	0.60
TX	Humana Health Plan of Texas						
	High Self	UR1	170.62	206.58	154.74	51.84	24.54
	High Family	UR2	392.44	475.14	352.08	123.06	57.74
	Standard Self	UR4	137.00	148.36	131.67	16.69	1.28
	Standard Family	UR5	315.11	341.20	302.82	38.38	2.93
TX	Mercy Health Plans/Premier Health Plans						
	High Self	HM1	174.11	174.11	154.52	19.59	-11.20
	High Family	HM2	435.29	435.29	352.08	83.21	-24.96
TX	PacificCare Southwest Region (OK & TX)						
	High Self	GF1	167.10	175.41	154.74	20.67	-3.11
	High Family	GF2	385.95	402.82	352.08	50.74	-8.09
UT	Altius Health Plans						
	High Self	9K1	181.37	193.20	154.74	38.46	0.41
	High Family	9K2	399.02	425.06	352.08	72.98	1.08

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
				USPS Pays	Employee Pays	Change in employee payment	
Plan Name - Option - Enrollment Code							
VT	MVP Health Care						
	High Self	VW1	166.11	200.73	154.74	45.99	23.20
	High Family	VW2	428.98	518.49	352.08	166.41	64.55
VA	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
VA	Aetna Open Access						
	High Self	JN1	160.96	176.00	154.74	21.26	3.15
	High Family	JN2	362.51	394.23	349.88	44.35	3.57
	Basic Self	JN4	105.75	115.88	102.84	13.04	1.14
	Basic Family	JN5	247.47	271.17	240.66	30.51	2.67
VA	CareFirst BlueChoice						
	High Self	2G1	181.64	181.64	154.74	26.90	-11.42
	High Family	2G2	408.63	408.63	352.08	56.55	-24.96
VA	Kaiser Permanente						
	High Self	E31	145.98	159.22	141.31	17.91	1.49
	High Family	E32	347.45	378.96	336.33	42.63	3.54
	Standard Self	E34	New Plan	128.15	113.73	14.42	N/A
	Standard Family	E35	New Plan	305.00	270.69	34.31	N/A
VA	M.D. IPA						
	High Self	JP1	146.81	161.10	142.98	18.12	1.60
	High Family	JP2	352.37	386.69	343.19	43.50	3.86
VA	Optima Health Plan						
	High Self	9R1	166.75	179.60	154.74	24.86	1.43
	High Family	9R2	394.58	424.95	352.08	72.87	5.41
VA	Piedmont Community Healthcare						
	High Self	2C1	162.15	163.77	145.35	18.42	-0.41
	High Family	2C2	371.30	375.01	332.82	42.19	-1.99

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
Plan Name - Option - Enrollment Code				USPS Pays	Employee Pays	Change in employee payment	
WA	Aetna						
	High Self	8J1	118.93	139.14	123.49	15.65	2.27
	High Family	8J2	302.42	353.83	314.02	39.81	5.79
WA	Aetna HealthFund (CDHP/HDHP)						
	CDHP Self	221	129.44	136.80	121.41	15.39	0.83
	CDHP Family	222	297.73	314.65	279.25	35.40	1.91
	HDHP Self	224	New Plan	153.73	136.44	17.29	N/A
	HDHP Family	225	New Plan	353.59	313.81	39.78	N/A
WA	Group Health Cooperative						
	High Self	541	169.52	178.62	154.74	23.88	-2.32
	High Family	542	382.68	403.24	352.08	51.16	-4.40
	Standard Self	544	141.91	141.45	125.54	15.91	-0.05
	Standard Family	545	320.37	319.34	283.41	35.93	-0.11
WA	Group Health Cooperative						
	High Self	VR1	159.23	173.91	154.35	19.56	1.65
	High Family	VR2	388.22	424.02	352.08	71.94	10.84
	Standard Self	VR4	137.99	147.12	130.57	16.55	1.03
	Standard Family	VR5	317.38	338.36	300.29	38.07	2.36
WA	Kaiser Permanente						
	High Self	571	170.62	172.99	153.53	19.46	-7.84
	High Family	572	391.57	394.77	350.36	44.41	-20.04
	Standard Self	574	149.67	158.89	141.01	17.88	1.04
	Standard Family	575	343.49	362.58	321.79	40.79	2.15
WA	KPS Health Plans						
	High Self	VT1	178.87	187.92	154.74	33.18	-2.37
	High Family	VT2	390.84	410.62	352.08	58.54	-5.18
	Standard Self	L11	143.99	153.89	136.58	17.31	1.11
	Standard Family	L12	314.63	332.16	294.79	37.37	1.97
WA	PacifiCare Northwest Region (Oregon/Washington)						
	High Self	7Z1	167.15	186.09	154.74	31.35	7.52
	High Family	7Z2	376.10	416.41	352.08	64.33	15.35

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2004 Total Biweekly Premium	2005 Total Biweekly Premium	2005 Biweekly Postal premium rates			
				USPS Pays	Employee Pays	Change in employee payment	
Plan Name - Option - Enrollment Code							
WA	PacifiCare Northwest Region (Oregon/Washington)						
	High Self	SA1	New Plan	128.27	113.84	14.43	N/A
	High Family	SA2	New Plan	299.84	266.11	33.73	N/A
WV	The Health Plan of the Upper Ohio Valley						
	High Self	U41	154.45	145.32	128.97	16.35	-1.03
	High Family	U42	355.20	334.22	296.62	37.60	-2.36
WI	Dean Health Plan						
	High Self	WD1	135.34	156.99	139.33	17.66	2.43
	High Family	WD2	365.40	415.99	352.08	63.91	22.80
WI	Group Health Cooperative						
	High Self	WJ1	132.42	136.92	121.52	15.40	0.50
	High Family	WJ2	357.96	370.05	328.42	41.63	1.36
WI	HealthPartners Classic						
	High Self	531	193.43	232.12	154.74	77.38	27.27
	High Family	532	464.22	557.07	352.08	204.99	67.89
WI	HealthPartners Open Access Deductible						
	Standard Self	534	163.96	180.36	154.74	25.62	4.98
	Standard Family	535	393.48	432.85	352.08	80.77	14.41
WI	HealthPartners Primary Clinic Plan						
	High Self	HQ1	239.89	288.03	154.74	133.29	36.72
	High Family	HQ2	575.72	691.27	352.08	339.19	90.59
WI	Humana CoverageFirst (Consumer Driven Plan)						
	CDHP Self	FB1	105.68	107.98	95.83	12.15	0.26
	CDHP Family	FB2	243.06	248.38	220.44	27.94	0.60
WI	PREVEA HEALTH PLAN						
	High Self	ID1	New Plan	167.15	148.35	18.80	N/A
	High Family	ID2	New Plan	415.85	352.08	63.77	N/A
WY	WINhealth Partners						
	High Self	PV1	171.26	167.39	148.56	18.83	-9.11
	High Family	PV2	462.38	453.80	352.08	101.72	-33.54